



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
P.O. BOX 811, JEFFERSON CITY, MO 65105-0811
**LICENSEE'S MONTHLY REPORT OF CIGARETTES
AND ROLL-YOUR-OWN TOBACCO**

FORM
4916
(REV. 11-2003)

FOR THE MONTH OF _____ YEAR _____

Complete this report and file with your monthly cigarette tax report. List all cigarettes purchased and stamped by your company for sale in Missouri and all ounces of roll-your-own tobacco products purchased for sale in Missouri. Also, list sales of unstamped cigarettes sold to federal government entities in Missouri, such as military commissaries. Please identify ALL manufacturers, including non-participating manufacturers, subsequent-participating manufacturers, and original-participating manufacturers. (ATTACH COPIES OF INVOICES FROM THE NON-PARTICIPATING MANUFACTURERS.)

BUSINESS NAME			LICENSE NUMBER	
ADDRESS			CONTACT PERSON	
CITY	STATE	ZIP	TELEPHONE NUMBER ()	

A	B	C	D	E
Number of Cigarettes Purchased for Sale in Missouri	Ounces of Roll-Your-Own Tobacco Purchased for Sale in Missouri	Brand Name	For Each Brand Purchased, List the Name and Address of the Manufacturer or First Importer if not Purchased Directly from the Manufacturer	For Each Brand Purchased, List the Name and Address of the Licensed Wholesaler/Distributor

I SWEAR UNDER THE PENALTY OF PERJURY THAT THE ABOVE NAMED LICENSEE HAS FOR THE REPORTING PERIOD STATED ABOVE, ONLY SOLD CIGARETTES OR ROLL-YOUR-OWN TOBACCO PRODUCTS INTO MISSOURI WHICH HAVE BEEN PURCHASED FROM THE IDENTIFIED SUPPLIERS/MANUFACTURERS LISTED ON THIS REPORT.

SIGNATURE	PRINT NAME
TITLE	DATE

Mail report to: Missouri Department of Revenue, P.O. Box 811, Jefferson City, MO 65105-0811.

If you have questions or need assistance in completing this form, please call (573) 751-7163 or email excise@mail.dor.mo.gov.

You may also obtain this form from the department's web site at: www.dor.mo.gov/tax/business/excise/tobacco/forms/. TDD (800) 735-2966

[illegible]

CIGARETTE AND ROLL-YOUR-OWN TOBACCO REPORTING INSTRUCTIONS:

As part of the Master Settlement Agreement (MSA) between cigarette manufacturers and the state of Missouri, the Missouri Department of Revenue is required to compile information about cigarettes and roll-your-own tobacco purchased for sale in Missouri. Missouri's participation in the MSA mandated legislation requires manufacturers who are not signatories to the MSA to pay into an escrow account a sum roughly equivalent to that which is paid by the participating manufacturers. This legislation also requires the Missouri Department of Revenue to gather information concerning purchases of cigarettes and roll-your-own tobacco that is manufactured/imported by non-participating manufacturers/importers. This information will be provided to the Missouri Attorney General for use in administering the MSA agreement.

Alternate Reports:

You may elect to design your own reports utilizing your own software or database. Alternate forms are permissible with the department's approval as long as all the required information is provided and in the same format as the wholesalers monthly report of cigarettes and roll-your-own tobacco.

Heading:

Complete the calendar month and year covered by this report. Business name, address, telephone number, license number, and contact person are required.

Column A:

Enter the number of individual cigarettes purchased for sale in Missouri. List only cigarettes contained in packages to which you will affix the Missouri excise tax stamp. Do not list cigarettes that were purchased with the Missouri stamp already affixed.

Column B:

Report in ounces the quantity of roll-your-own tobacco purchased for sale to a retailer or consumer in Missouri for each brand listed in Column C.

Column C:

Enter the full brand name of the product (do not abbreviate). Do not break down into sub-categories, such as regular, menthol, light, etc. For example, for a cigarette named "Alpha Gold Menthol Lights," report only "Alpha Gold". Do not report as "A B Gold" or "A B Gold Menthol Lights".

Column D:

List the complete name and address, including street, city, and state, of the manufacturer, non-participating manufacturer, or subsequent-participating manufacturer you purchased cigarettes or roll-your-own tobacco products from as listed in Column A or B.

Column E:

List the complete name and address, including street, city, state, of the importer you purchased cigarettes or roll-your-own tobacco products from as listed in Column A or B.